CLEMENT MANOR HEALTH CARE CENTER

3939 SOUTH 92ND STREET

GREENFIELD	53228 Phone: (414) 321-18		53228 Phone: (414) 321-1800 Ownership:				
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled		
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No		
Number of Beds	Set Up and St	affed (12/31/03):	166	Title 18 (Medicare) Certified?	Yes		
Total Licensed	Bed Capacity	(12/31/03):	166	Title 19 (Medicaid) Certified?	Yes		
Number of Resi	dents on 12/31	/03:	157	Average Daily Census:	161		

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	17.2 45.9
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years	24.2
Day Services Respite Care		Mental Illness (Org./Psy)   Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84		 	87.3
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94		***********	*****
Adult Day Health Care		Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals Home Delivered Meals	Yes No		3.8	 	100.0	Nursing Staff per 100 Res:   (12/31/03)	
Other Meals	No			65 & Over			
Transportation	No	Cerebrovascular					8.8
Referral Service	No	Diabetes	2.5	Gender	%	LPNs	9.3
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	17.2	Male	23.6	Aides, & Orderlies	51.9
Mentally Ill	No			Female	76.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	•	

## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)					Private Pay		Family Care			Managed Care							
Level of Care	No.	୧	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	양	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	315	79	92.9	126	0	0.0	0	54	91.5	197	0	0.0	0	0	0.0	0	146	93.0
Intermediate				6	7.1	105	0	0.0	0	5	8.5	179	0	0.0	0	0	0.0	0	11	7.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1.3	100.0		8.5	100.0		0	0.0		59	100.0		0	0.0		0	0.0		157	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03 
Deaths During Reporting Ferrod					% Needing		Total
Percent Admissions from:	j	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	6.4		71.3	22.3	157
Other Nursing Homes	4.0	Dressing	8.3		72.6	19.1	157
Acute Care Hospitals	79.2	Transferring	18.5		59.2	22.3	157
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.3		59.9	24.8	157
Rehabilitation Hospitals	0.0	Eating	52.9		27.4	19.7	157
Other Locations	10.4	*****	* * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	125	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	1	Indwelling Or Extern	nal Catheter	7.6	Receiving Resp	iratory Care	2.5
Private Home/No Home Health	14.5	Occ/Freq. Incontiner	nt of Bladder	57.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	5.3	Occ/Freq. Incontiner	nt of Bowel	46.5	Receiving Suct	ioning	0.6
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	9.9	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.3	Receiving Mech	anically Altered Diets	30.6
Rehabilitation Hospitals	0.0						
Other Locations	20.6	Skin Care			Other Resident C	haracteristics	
Deaths	49.6	With Pressure Sores		3.2	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		0.6	Medications		
(Including Deaths)	131				Receiving Psyc	hoactive Drugs	63.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

**************	*****	****	****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	용	Ratio	용	Ratio	용	Ratio	용	Ratio
	07.0	07.0	1 10	07.0	1 10	0.5.6	1 10	07.4	1 11
Occupancy Rate: Average Daily Census/Licensed Beds	97.0	87.9	1.10	87.0	1.12	86.6	1.12	87.4	1.11
Current Residents from In-County	96.8	87.5	1.11	86.4	1.12	84.5	1.15	76.7	1.26
Admissions from In-County, Still Residing	35.2	22.9	1.53	18.9	1.86	20.3	1.73	19.6	1.79
Admissions/Average Daily Census	77.6	144.5	0.54	166.7	0.47	157.3	0.49	141.3	0.55
Discharges/Average Daily Census	81.4	147.5	0.55	170.6	0.48	159.9	0.51	142.5	0.57
Discharges To Private Residence/Average Daily Census	16.1	49.7	0.32	69.1	0.23	60.3	0.27	61.6	0.26
Residents Receiving Skilled Care	93.0	93.9	0.99	94.6	0.98	93.5	0.99	88.1	1.06
Residents Aged 65 and Older	100	97.1	1.03	91.3	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	54.1	50.3	1.08	58.7	0.92	58.2	0.93	65.9	0.82
Private Pay Funded Residents	37.6	34.6	1.08	22.4	1.68	23.4	1.61	21.0	1.79
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	32.5	35.5	0.92	34.3	0.95	33.5	0.97	33.6	0.97
General Medical Service Residents	17.2	23.0	0.75	21.0	0.82	21.4	0.81	20.6	0.84
Impaired ADL (Mean)	50.8	51.9	0.98	53.1	0.96	51.8	0.98	49.4	1.03
Psychological Problems	63.1	62.2	1.01	60.0	1.05	60.6	1.04	57.4	1.10
Nursing Care Required (Mean)	5.0	7.2	0.69	7.2	0.70	7.3	0.69	7.3	0.68